

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1695**
Registrar's No. **2**

Registration District No. **8**

Primary Registration District No. **201**

1. PLACE OF DEATH:

(a) County **Benton**
(b) City or town **Cole Camp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **63 Years**
years, months or days

3. (a) PRINT FULL NAME **John B Brunjes**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs Louise Brunjes** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **March 13 - 1877**
(Month) (Day) (Year)

8. AGE: **63 Years** Months **9** Days **13** If less than one day
hr. min.

9. Birthplace **Benton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **Henry Brunjes**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Adeloid Boetjer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs O. F. Wischmer**
(b) Address **5824 Park Kansas City Missouri**
17. (a) **Burial** (b) Date thereof **Jan 28 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Trinity Lutheran Cemetery**

18. (a) Signature of funeral director **B. L. Buehner**
(b) Address **Cole Camp Missouri**

19. **JAN. 28 - 1941** (b) **Sue Selover**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**
(c) City or town **Cole Camp**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26**
year **1941** hour **10** minute **30** **P** M.

21. I hereby certify that I attended the deceased from **1-26-1941** to **1-26-1941**
that I last saw him alive on **1-26-1941**
and that death occurred on the date and hour stated above

Immediate cause of death **Perforated ulcer of stomach and hemorrhage**
Due to _____
Due to **1174**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

63 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **D. H. Keeler** (M. D. or other) **D**
Address **Cole Camp Mo** Date signed **1-27-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-41-245

Date Filed 2-6-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.